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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages In This Submission

| | |
|------------------------|---------------|
| Application Number | 09/718,870 |
| Filing Date | 11/20/2000 |
| First Named Inventor | Engstrom |
| Art Unit | 2173 |
| Examiner Name | Vu, Kieu D. |
| Attorney Docket Number | 112078-138351 |

| ENCLOSURES (Check all that apply) | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Return Receipt Postcard |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|-----------------------------------|----------|--------|
| Firm Name | Schwabe, Williamson & Wyatt, P.C. | | |
| Signature | | | |
| Printed name | Steven J. Prewitt | | |
| Date | December 5, 2005 | Reg. No. | 45,023 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

| | | | |
|-----------------------|----------------------|------|------------------|
| Signature | | | |
| Typed or printed name | Yvette L. Chriscaden | Date | December 5, 2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

| | |
|-------------------------|-----------|
| TOTAL AMOUNT OF PAYMENT | (\\$) 200 |
|-------------------------|-----------|

| Complete if Known | |
|----------------------|---------------|
| Application Number | 09/718,870 |
| Filing Date | 11/20/2000 |
| First Named Inventor | Engstrom |
| Examiner Name | Vu, Kieu D. |
| Art Unit | 2173 |
| Attorney Docket No. | 112076-138351 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number 500393 Deposit Account Name Schwabe Williamson et al.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below

Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)
under 37 CFR 1.16 and 1.17

Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|----------------|
| | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

| | |
|----------|--------------|
| Fee (\$) | Small Entity |
|----------|--------------|

| | |
|----|----|
| 50 | 25 |
|----|----|

Each independent claim over 3 (including Reissues)

| | |
|-----|-----|
| 200 | 100 |
|-----|-----|

Multiple dependent claims

| | |
|-----|-----|
| 360 | 180 |
|-----|-----|

Total Claims

| | | | | | | |
|----|--------------|---|---|----|---|-----|
| 31 | - 20 or HP = | 4 | x | 50 | = | 200 |
|----|--------------|---|---|----|---|-----|

Multiple Dependent Claims

| | |
|----------|---------------|
| Fee (\$) | Fee Paid (\$) |
|----------|---------------|

HP = highest number of total claims paid for, if greater than 20.

| | | | |
|---------------|--------------|----------|---------------|
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|

| | |
|----------|---------------|
| Fee (\$) | Fee Paid (\$) |
|----------|---------------|

5 - 3 or HP = 0 x = 0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|--------------|--------------|--|----------|---------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|

| | | | | |
|---------|--------|--------------------------------|---|---------------|
| - 100 = | / 50 = | (round up to a whole number) x | = | Fee Paid (\$) |
|---------|--------|--------------------------------|---|---------------|

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

| | | | |
|-------------------|-------------------|---|------------------------|
| Signature | | Registration No. (Attorney/Agent) 45,023 | Telephone 503 222 9981 |
| Name (Print/Type) | Steven J. Prewitt | Date December 5, 2005 | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Engstrom et al.

Application No.: 09/718,870

Filed: November 20, 2000

For: Multi-plane Metaphoric Desktop
GUI & Methods of Operation
Associated Therewith

Examiner: Vu, Kieu D.

Art Unit: 2173

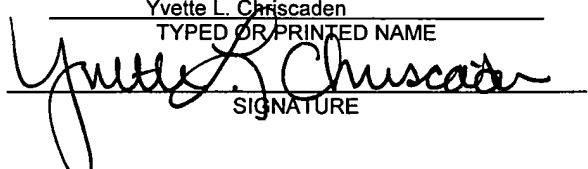
I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date:

December 5, 2005

DATE

Yvette L. Chriscaden

TYPED OR PRINTED NAME

Yvette L. Chriscaden

SIGNATURE

MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Dear Sir:

This communication is responsive to the Office Action mailed September 8, 2005. Reconsideration of the captioned application in view of the amendments and remarks to follow is respectfully requested.

Amendments to the Claims are reflected in the listing of claims, which begin on page 2 of this paper.

Remarks/Arguments begin on page 11 of this paper.